

# THROMBOEMBOLIC PROPHYLAXIS IN PATIENTS TREATED WITH ORAL IMMUNOMODULATORS IN MULTIPLE MYELOMA



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## BACKGROUND

Venous thromboembolic disease (VTE) is considered one of the most frequent and important complications in hematologic patients and is associated with a worse prognosis

## AIM AND OBJETIVES

To assess the adequacy of thromboembolic prophylaxis (TP) in patients with multiple mieloma (MM) at the start of treatment with thalidomide and lenalidomide according to thromboembolic risk

## MATERIALS AND METHODS

➤ Descriptive retrospective study was conducted (January 2016 - January 2021) including patients with MM in treatment with thalidomide or lenalidomide.

➤ Farmatools® application and electronic medical history were used to record variables.

### VARIABLES RECORD

- Sex
- Age
- MM treatment and duration
- Risk factors at MM treatment onset
- TP drug an prophylactic doses

### Evaluation of Thromboembolic Prophylaxis



#### KORANA SCALE



Depending on the value obtained:

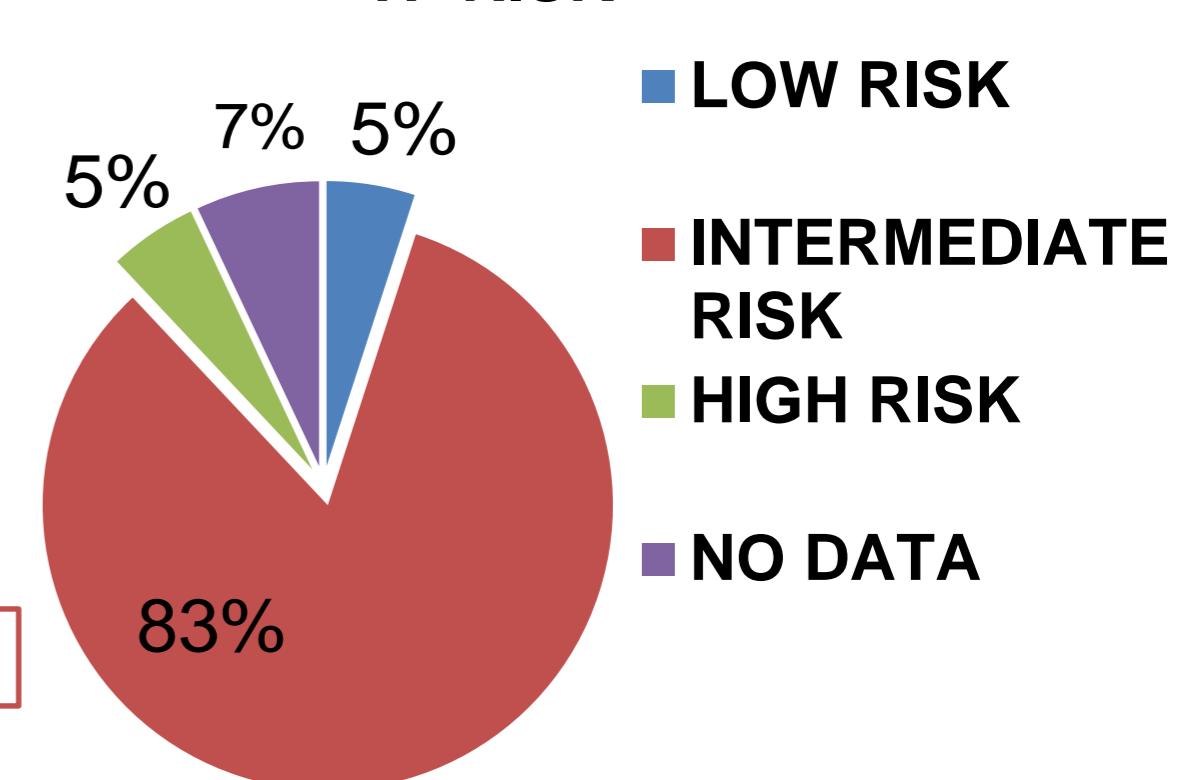
- Low risk (LR) (value=0)
- Intermediate risk (IR) (1-2)
- High risk (HR) ( $\geq 3$ )

The recommended TP for scores  $\leq 1$  is low-dose acetylsalicylic acid (ASA, 81-100 mg every 24 hours) and for  $\geq 2$  is low-molecular-weight heparin (LMWH) at prophylactic doses every 24 hours

## RESULTS

- Forty patients (68% female) with a median age of 73 (range 52-87) years were included.
- The median duration of MM treatment was 8.1 (0.7-40) months.
- No data were found in three patients (7%).

### TP RISK



### LR Patients

Lenalidomide (100%)

All TP appropriated

### IR Patients

Lenalidomide (35%)  
Thalidomide (15%)  
Both (L & T) (5%)

TP appropriated (7%)

Not TP appropriated (3%)

### HR Patients

Lenalidomide (100%)

All TP appropriated

## CONCLUSIONS AND RELEVANCE

- TP was adequate in most of the patients, with the exception of a few did not receive a suitable TP, all of them with IR.
- Since adequate thromboprophylaxis has a high impact on survival and morbidity of the disease, the thromboprophylaxis used can be considered correct with these results, although with room for improvement.

## REFERENCES AND/OR ACKNOWLEDGEMENTS



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